

MDR Tracking Number: M5-04-1514-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-27-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, therapeutic exercises, therapeutic activities, and neuromuscular re-education were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 1/27/03 through 2/14/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 5th day of April 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-1514-01
IRO Certificate Number: 5259

March 30, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor.

The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

____ a 53-year-old male, sustained injuries to his lower back while working as a mechanic for _____. He had bent over into the back of a pickup truck, reaching into a toolbox when he developed sudden onset of low back pain. He initially sought treatment from a chiropractor, _____ however eventually changed treating physicians to another chiropractor, _____ on 12/30/02 after being dissatisfied with previous treatment outcomes. Presenting complaints on 12/30/02 included low back pain with bilateral leg pain to knee level. He was treated for approximately 2 1/2 months with conservative care including a rehabilitation / strengthening exercise program. Following completion of his strengthening program, he returned to work, and was placed at MMI on 3/12/04 with 0% impairment.

REQUESTED SERVICE (S)

Medical necessity of office visits, therapeutic exercises, therapeutic activities, neuromuscular education, between 1/27/03-2/14/03.

DECISION

There is establishment of medical necessity for all the above services.

RATIONALE/BASIS FOR DECISION

The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the

injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

The documentation from ____ establishes that the care provided satisfies all of the above three mandates of medical necessity. There is clear progression/response to treatment, with appropriate deviation to the program as improvement was obtained. The patient was discharged to full duty without symptoms or impairment after an appropriate and effective course of care was administered.

In conclusion, chiropractic care clearly appears to have been provided within the parameters of current clinical standards.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical probability and are totally independent of the requesting client.